The Tuskegee Syphilis Study: Moral and Ethical Implications

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**The Tuskegee Syphilis Study: What Happened?**

“The Tuskegee Study of Untreated Syphilis in the Negro Male” was an experiment that lasted 40 years- from 1932 until 1972- and was conducted by the United States Public Health Service, a governmentally funded and run health agency. The initial sample consisted of 600 African-American sharecroppers, all of them poor and uneducated; 399 of the “participants” (who, from this point will be referred to as “research subjects”, out of consideration for their inability to knowingly and willingly fully consent and therefore participate in the study) had (previously contracted) syphilis and the control group of uninfected research subjects totaled 201. In the earlier stages of the experiment, the intent was to study the disease, untreated, for approximately 6 to 8 months and following this time period, treat research subjects with the typical methods in use at that time (CDC, 2011; Reverby, 2001). The Tuskegee Institute (a Historically Black College now known as Tuskegee University) was brought on board as a significant partner in the study in exchange for access to faculty and students as well as the utilization of the laboratory and medical facilities of the school. The history behind the development of the study is multi-faceted and a bit complex, but relevant in illustrating a clear picture of the research in it’s entirety. In 1926, prior to the launch of the Tuskegee Syphilis Study, a health initiative financially supported by the Rosenwald Fund was implemented to study and highlight the incidence of syphilis infection rates in the African American community residing in Macon County, Alabama. Once it was discovered that the prevalence was as hypothesized, at an alarming rate (approximately 30%), a longer termed research objective was developed that focused on treatment of the disease (Deria, 2006; Reverby, 2001). That process began in 1929, with the use primarily of the chemical agents bismuth and mercury. While these were the common methods of “treatment” at the time, they were eventually found to be primarily ineffective and potentially fatal (Brandt, 1978; CDC, 2011; Reverby, 2001). The reality of this dismal fact is now recognized as a major factor behind the decision to begin studying the ongoing effects of “untreated syphilis”, because it became clear that the methods being used were not effective in that goal (Brandt, 1978; Reverby, 2001). In addition, the onslaught of The Great Depression in 1929 resulted in the withdrawal of The Rosenwald Fund, which had initially agreed to be the financial backing behind the provision of treatment for infected research subjects. Without the funding to “treat” the subjects at the end of the 6-8 month time frame, researchers were at a loss as to how proceed. Initially, it was assumed that these conditions would force the termination of the study, however other research “opportunities” appeared to present themselves. Another factor that may have played a role in the development of the study was the widely held notion that the effects of syphilis differed for African Americans as compared to their Caucasian counterparts (Brandt, 1978; Deria, 2006; Reverby, 2001). In 1928, the results from a retrospective study of several hundred Norwegian males who had untreated syphilis provided what researchers saw as an opportunity to compare the results of a similar, prospective study to be conducted with African-American males. Thus, there was also a scientific desire and rationale to study not just what the long term impact was of this disease on a human being, but also to provide evidence as to whether this impact presented itself differently between the two populations (Brandt, 1978; Deria, 2006).

All of these historical incidents lead up to the development of “The Tuskegee Study of Untreated Syphilis in the Negro Male” that formally began in 1932 (CDC, 2011). As was previously stated, the initial intent was to study the impact of untreated syphilis on a sample of 399 African American males for a period of approximately 6-8 months. It seems to be unclear, however, when exactly this particular sample was developed. While it seems that this group of subjects originated from the sample that was part of the earlier mentioned health initiative to research the prevalence of syphilis in this community, the fact that those individuals may have been receiving the only known “treatments” prior to the onset of the 1932 study brought up relevant concerns and questions (Deria, 2006; Reverby, 2001) The question of whether the subjects had been treated (even with primarily ineffective treatments), or “untreated” as the study title implied led to much debate and controversy when the first presentation of the data and results were published in 1936 (CDC, 2011; Reverby, 2001). Regardless of the confusions particular issue, what is clear about the study is that after funding for treatment was terminated, the study did not (Brandt, 1978; Deria, 2006; Reverby, 2001; CDC, 2011). At the time, the reasoning was that it was not unethical to do so, because there was no known effective treatment for the disease. That rationale, however would not hold up to the fact that in 1947, after the discovery that penicillin was shown to be effective at treating syphilis, the researchers made it a point to prevent the research subjects access to these treatment services; by the time penicillin had become a standard practice for the treatment of syphilis, the United States government had begun implementing “rapid test centers” all over the country and providing access to treatment for the disease; with the exception, however of the participants of the Tuskegee Experiment (Brandt, 1978; CDC, 2011; Deria, 2006; Reverby, 2001). The rationale behind the prevention of treatment weighed the potential impact of the study results on the larger community and the scientific field in comparison to the lives of the research participants. One major character involved in the ongoing advisement of the research team involved with this study stated quite simply, “As I see it, we have no further interests in these patients until they die” (Brandt, p. 24). Indeed, the researchers were aware that most valuable information regarding the effects of syphilis on the “negro man” would be attained at death and via a thorough autopsy in which all organs of the body could be explored at length (Brandt, 1978; Deria, 2006; Reverby, 2001). It is clear that much value was placed on the larger ramifications and contributions to science than the individual lives of the participants. This type of thinking continued throughout the remainder of the study. In 1966, when a venereal-disease investigator, working with the agency that was at that time in charge of the study, The Centers for Disease Control (CDC) brought up ethical and moral concerns, the response was to continue on with the study, and garner support from various Medical Organizations (The National Medical Association and The American Medical Association) for doing so (CDC, 2011; Deria, 2006; Reverby, 2001). It was not until the media got wind of the study and details surrounding it that the Health Education and Welfare (HEW) Tuskegee Syphilis Study Ad hoc advisory panel was formed and the study was terminated. It should be noted that the first article put out by The Associated Press regarding the study came out in July of 1972 and the panel was formed in August of that same year (Brandt, 1978; CDC, 2011; Deria, 2006; Reverby, 2001). It would appear that the only reason the panel formed was because of the public outcry that erupted when word of this study surfaced. Eventually, the panel would make the decision that the study was indeed unethical, mainly due to the failure to provide research subjects with the accessible and effective treatment of penicillin (Brandt, 1978; CDC, 2011). At the time of the study’s termination, 74 participants of the 399 sample were still living, 28 had died from syphilis, and 100 from complications related to the disease. Further, 40 wives had been infected, along with 19 children born infected with syphilis. (Deria, 2006).

**The Tuskegee Syphilis Study: Timeline**

In 1932, the United States Public Health Service and the Tuskegee Institute conducted the “Tuskegee Study of Untreated Syphilis in the Negro Male”. The Study was performed to record the natural history of syphilis in hopes of justifying treatment programs for blacks (CDC 2009). The study was performed in one of the poorest areas of Alabama, Macon County and it involved 399 black men who were in their late stages of syphilis. Most of the men were illiterate sharecroppers and they were not completely informed of the extent of the experiment, they were just told they were being treated for “bad blood” (CDC 2009).

The men were never properly treated for their disease and in 1972, an Ad Hoc Advisory Panel was appointed to review the study.  The panel had nine members from the fields of medicine, law, religion, labor, education, health administration, and public affairs (CDC 2009). The panel found that the men did give their consent to the study but they were not correctly informed of the study or its real purpose. The men were never given the adequate medicine to treat their syphilis even when penicillin was discovered to treat their disease. The panel concluded that the experiment was “ethically unjustified” and that it should be terminated immediately. A month later in November of 1972 the Assistant Secretary for Health and Scientific Affairs announced the end of the Tuskegee Study (CDC 2009). The fact that this study was only terminated after media coverage sparked public outcry, as well as the length of time it lasted-a total of 40 years- is one of the reasons The Tuskegee Syphilis Study was notoriously cited as “the longest nontherapeutic experiment on human beings in medical history” (Geiger, 1981 citing Jones, J.).

**The Tuskegee Syphilis Study: Moral and Ethical Issues**

The Tuskegee Syphilis Study conducted by the Tuskegee Institute and Public Health Service had many moral and ethical flaws and fallouts. The participants were poor African American men. The minority status of these men made them ideal candidates to the researchers of this study. The men’s racial minority status along with lower socioeconomic status provided the men motive to participate in the study, making them vulnerable for the manipulation of the researchers (Hagen, 2005). This lower socioeconomic status also propitiated continuation because the men believed that they were being provided free healthcare, which they could not afford otherwise. The research participants were also provided free burial services as an incentive for participation (Hagen, 2005). This no doubt played off their fear of leaving a financial burden for their family upon their death.

To gain the trust of these men, the white researchers utilized representatives of their racial community, including Robert Moton, head of the Tuskegee Institute and Eunice Rivers, an African American Nurse who acted as the liaison between the men and the doctors of the Public Health Services (Smith, 1996). This provided reassurance to the men that the study was in their best interest and being done in an ethical manner. Treatment for syphilis was withheld from the men through the coordination of public health officials despite the use of penicillin beginning in 1940s as a treatment for the disease. The researchers also lied to participants, telling them they were receiving treatment for “bad blood” which was a term to imply syphilis, anemia and fatigue but were administering a placebo instead (Bozeman, Slade, & Hirsch, 2009). Additionally, the study continued for decades following the use of penicillin for treatment (Hagan, 2005). The lack of treatment for a disease that the researchers were aware of but the men were not, led to the men unknowingly passing syphilis onto their sexual partners and children. In shielding the men and their family members to the fact that the men had untreated syphilis, the researchers in this study violated the Hippocratic Oath to do no harm.

This study has had long-term ethical implications. The hidden agenda the researchers and Nurse Rivers kept to themselves violated true consent, a requirement enacted as a result of the study, which requires that all participants in a study fully be knowledgeable of the risk of a study and what they are participating in a study for. Additionally, many members of the African American community have developed a distrust in Public Health Professionals. The distrust created by this study has caused many African American people to not seek treatment for illness, including that of HIV/AIDS (Hagen, 2005).

References

Bozeman, B., Slade, C., & Hirsch, P. (2009). Ethics in Research and Practice. *American*

*Journal of Public Health*, 99(9), 1549-1556. Retrieved from EBSCO*host*.

Brandt, A.M. (1978). Racism and Research: The Case of the Tuskegee Syphilis Study. *The Hastings Center Report, 8*(6), 21-29. Retrieved from http://www.jstor.org.

libcat.widener.edu/stable/356146

Centers for Disease Control and Prevention (2011) *U.S. Public Health Service Syphilis Study at Tuskegee: The Tuskegee Timeline* Retrieved from http://www.cdc.gov/

Tuskegee/timeline.

Centers for Disease Control and Prevention (2011) *U.S. Public Health Service Syphilis Study at Tuskegee.* Retrieved from http://www.cdc.gov/tuskegee

Deria, M. (2006). *Protecting the Vulnerable: The Tuskegee Syphilis Study and the Evolution of Informed Consent in the Twentieth Century* (Doctoral thesis, University of Ottawa, Ontario, Canada). Retrieved from http://www.med.

uottawa.Ca/historyofmedicine/hetenyi/deria.htm

Hagen, K. (2005). Bad blood: The Tuskegee syphilis study and legacy recruitment for

experimental AIDS vaccines. *New Directions for Adult & Continuing Education*, (105), 31-41. Retrieved from EBSCOhost,

Reverby, S. M. (2001). More than Fact and Fiction. *Hastings Center Report, 31(5), 22*. Retrieved from EBSCOhost.

Smith, S. L. (1996). NEITHER VICTIM NOR VILLAIN: Nurse Eunice Rivers, the

Tuskegee Syphilis Experiment, and Public Health Work. *Journal of Women's*

*History*, 8(1), 95. Retrieved from EBSCOhost.